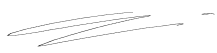


Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name ARBY'S #6532		Telephone Number Est 678-514-6920 Own 678-514-4385		Date of Inspection 08/21/2020	ID#												
Address 2119 STATE ST, NEW ALBANY IN 47150		Purpose <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		Follow Up	Released 08/21/2020												
Owner RTM OPERATING COMPANY, LLC				Menu Type 1 _ 2 _ 3 <u>X</u> 4 _ 5 _													
Owner's Address 3 GLENLAKE PARKWAY NE (5TH FLOOR) ATLANTA, GA 30328-																	
Person in Charge KEVIN CORSO																	
Responsible Person's Email MJOCHUM@INSPIREBRANDS.COM																	
Certified Food Handler KEVIN CORSO																	
<small>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"</small>																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Section #</th> <th style="width:5%;">C</th> <th style="width:5%;">NC</th> <th style="width:5%;">R</th> <th style="width:60%;">Narrative</th> <th style="width:15%;">To Be Corrected</th> </tr> </thead> <tbody> <tr> <td colspan="6" style="height: 300px;"></td> </tr> </tbody> </table>						Section #	C	NC	R	Narrative	To Be Corrected						
Section #	C	NC	R	Narrative	To Be Corrected												
Summary of Violations C <u> </u> NC <u> </u> R <u> </u>																	
Received by (name and title printed): KEVIN CORSO			Inspected by (name and title printed): A.J. Ingram CHIEF FOOD SPECIALIST														
Received by (signature):			Inspected by (signature): 														
cc:		cc:		cc:													